

REPORT OF VESSEL/SITE INSURANCE

**ALASKA DEPARTMENT OF LABOR
FISHERMEN'S FUND
BOX 21149
JUNEAU, ALASKA 99802-1149**

INJURED/ILL FISHERMAN'S NAME _____

INJURY/ILLNESS _____ DATE OF INJURY _____

NAME OF VESSEL OR BEACH SITE permittee _____

(Please Print Name)

In order to process a claim for Fishermen's Fund benefits, medical insurance coverage information must be provided (8 AAC55.010 (e)).

Crewmembers **MUST CONTACT THEIR EMPLOYER** (vessel or site owner/operator) and advise that it is necessary for them to "fully" complete and sign this report before full Fishermen's Fund benefits can be approved. **Until this signed report is received, benefits will be limited to \$2,500 in accordance with the Fishermen's Fund Advisory and Appeals Council policy.**

OWNER/OPERATOR REPORT OF VESSEL/SITE INSURANCE

Owner/Operator: You must check all boxes ☐ that apply, AND **MUST NOTE VESSEL P&I DEDUCTIBLE AND INSURANCE CARRIER**

I certify, under penalty of perjury, that:

1) ☐ The vessel/site **DOES HAVE** Protection & Indemnity (P & I) insurance and the:

Deductible is : \$ _____ (must answer as required by 8 AAC 055.010 (e));
Insurance Carrier is : _____
Address : _____
Phone : _____

☐ A claim **HAS BEEN** made to the P & I insurance carrier.

☐ A claim has **NOT** been made to the P & I insurance carrier because: _____

2) ☐ The vessel **DOES NOT HAVE** Protection and Indemnity (P & I) insurance or other medical liability coverage.

Signed by:

_____/_____